EMERGENCY CalFresh BENEFITS NOTICE

Department of Human Assistance

If you need food right away you may get CalFresh benefits within three (3) days. This is called Expedited Service. When you apply for CalFresh benefits, a County worker will tell you about Expedited Service.

To get Expedited Service, you must fill out an application for CalFresh which includes your Name, address and signature using one of the forms listed below:

- the SAWS 1 form, "Application for Cash Aid, CalFresh, and/or Medi-Cal/State CMSP".
- the SAWS 2 PLUS,
- CF 285 Application for CalFresh Benefits or
- Benefits CalWIN, "Application for CalFresh Benefits".

You will get an interview for Expedited Services CalFresh if you answer "yes" to any of the three questions below:

- Your monthly income is less than \$150 -and- you have \$100 or less in cash
- Your housing costs (rent/mortgage and utilities) are more than your monthly income and cash
- You are a migrant or seasonal farm worker -and- have \$100 or less in cash

Special Note: For Homeless Applicants: Homeless applicants should advise clerical that they are "Homeless" when turning in the application.

*Have you applied for or are you receiving Tribal TANF?

SC 239.2 (Revised 9/2016)

| | | | | | - | |
|----------------|--------------------------|------------------|------------------------------|-----------------------------|-----------|-----|
| 1// | T os | 13 | 08/11/1976 | 274-84-53 | 182 | |
| Horton Male | Other Name Used (i.e. Ma | iden Name, etc.) | Place of Birth Sewickley, | Marital Status: ☐Married | Single | |
| | Jacob | | PA | □Divorced | □Widow | |
| ☐ Female | - 55000 | | Applicant Alien "A" No. | Migrant or Seasonal Far | m Worker? | |
| US Citizen? | If no, date of entry | Requesting Aid | (if applicable) | □Yes 🖽No | | |
| | | □Yes □No | Via mini | Are you a refugee? | ØYes | □No |
| ŻYes □No | into U.S | □Yes □No | | County use only | | |
| | County use only | | | | | |
| CIN# | • | | CWIN# | | | |

| 2. Please Fill In Information About Your SPOUSE/OTHER ADULT (Parent of Minor Children) LIVING WITH YOU: 2. Please Fill In Information About Your SPOUSE/OTHER ADULT (Parent of Minor Children) LIVING WITH YOU: 2. Please Fill In Information About Your SPOUSE/OTHER ADULT (Parent of Minor Children) LIVING WITH YOU: 2. Please Fill In Information About Your SPOUSE/OTHER ADULT (Parent of Minor Children) LIVING WITH YOU: | | | | | | |
|--|------------------------------------|----------------|--|--------------------------------------|----------------|-----|
| 2. Please Fill In Infor | mation About Your SF First Name | Middle Initial | Date of Birth | Social Se | curity Number | |
| □ Male | Other Name Used (i.e. N | Maiden Name) | Place of Birth | Marital Status: □Married □ Divorced | □Single □Widow | |
| ☐ Female US Citizen? | If no, date of entry | Requesting Aid | Applicant Alien "A" No. (if applicable) | Migrant or Seasonal Fa ☐Yes ☐No | Yes | □No |
| □Yes □ No | into US | _ | nty use only | | y use only | |
| Relationshi | p to applicant: | CIN# | | CWIN# | | |
| | | ***Continue | on other side*** | | | |

(05/2014)SC 16

Information Clearance Sheet

Department of Human Assistance

| Please answer all questi | P | lease | answer | all d | auestions | S |
|--------------------------|---|-------|--------|-------|-----------|---|
|--------------------------|---|-------|--------|-------|-----------|---|

Today's Date: 10 29 2020

Program(s) you are applying for: □ CalWORKs □ General Assistance □ CalFresh □ Health Coverage □ RCA □ CAPI

| Applicant Question | ns – Answer all ques | tions | | Clerical Instruc | ctions | |
|---|-------------------------------------|-------------------|--|---|--|--|
| | are you a dependent | written in Burea | with bureau code au Code section. Ask nplete and return form rop box or window. | | | |
| | | | □ N/A | | | |
| Were you in Foster | Care on your 18 th birth | nday? □ Yes or 💤 | MO | If yes, give custonot give packet. | omer MC 250A. Do | |
| Have you applied fo | r Health Coverage thr | ough Covered Cal | lifornia? □ Yes or ા 🖽 🕷 | If yes, check Ex Window in CalM follow CP030. | ternal Referral /IN for application and | |
| Have you had recent changes in your life that made you want to apply for health insurance? If yes, check all that apply Adoption Birth of family member Death of family member Divorced Incarceration Status Change Lost job Married Moved into the State/County | | | | | | |
| | did this life event occi | | | | | |
| New Hire When | did triis life event occi | | | | | |
| 1. Applicant Informati | on | | | 0 :10 | it Number | |
| Applicant's Last Name | First Name | Middle Initial | Date of Birth | Social Se | curity Number | |
| Harton | James | تحر | 08/11/1970 | 274-84-5. | 3 82 | |
| | Other Name Used (i.e. M | aiden Name, etc.) | Place of Birth | Marital Status: | 3 | |
| Male | 750000 | undon (vanie) | Sewickley, | □Married | Single | |
| │ | Jacob | | PA | □Divorced | □Widow | |
| US Citizen? | | Requesting Aid | Applicant Alien "A" No. | Migrant or Seasonal Fa | rm Worker? | |
| US Citizent: | If no, date of entry | Requesting Aid | (if applicable) | □Yes 🖽No | ØYes □No | |
| r Yes □No | into U.S | _ □Yes □No | | Are you a refugee? County use only | Lites Litte | |
| 2100 | County use only | | | County use only | | |
| CIN# | • | | CWIN# | | | |
| 2. Please Fill In Information About Your SPOUSE/OTHER ADULT (Parent of Minor Children) LIVING WITH YOU: Social Security Number | | | | | | |
| | First Name | Middle Initial | Date of Birth | Social Se | curity Number | |
| Last Name | h | | / // | / | | |
| | / | / / | Place of Birth | Marital Status: | | |
| ☐ Male | Other Name Used (.e. M | aiden Name) | Jace of Birtin | ☐Married | □Single | |
| | / / | / | 1 | ☐ Divorced | □Widow | |
| ☐ Female | L / / | | Applicant Alien "A" No. | Migrant or Seasonal Fa | rm Worker? | |
| LIC Citizon? | If no, date of entry | Requesting Aid | (if applicable) | □Yes □No | | |
| US Citizen? | | □Yes □No | | Are you a refugee? | □Yes □No | |
| □Yes □ No | into US | | nty use only | County | use only | |
| Relationship | to applicant: | OIN # | | CWIN# | | |

Continue on other side

| rms in E | Enalish? | TOWNS TING IS | N=1 | | 72 | | | |
|--------------------|--|---|---|---|--|--|---|--------------------|
| oreter? | □Yes ⊅ | No If Yes nless | vo, pi | ease s | specify la | nguage | | |
| red in S | acrama | | se spe | SCITY 12 | inguage_ | | | |
| rdiger | 1 <i>t</i> | | City | veu | waren. | per 201 | Z C C | |
| 0 91 | 6-56 | 2-5584 | o.y. | age Pl | <i>none #</i> | | ZIP_ <u>95.33</u> | |
| Yes [| ₽No | How Many Mo | onths? | ~go , , | | ie Date: M | lo: Vr: | |
| ncluding | g childre | en) who live with | you: | NI | A | o Bate. W | 1011 | |
| S | DOB | | 1 | | | 110 | County Has Oak | 0 |
| | | Number | | | To | | 1730 100 000 000 000 000 000 000 00 | County Use Only |
| X | | | Circl | e One | Applican | | 5 | CWIN# |
| □M | | | Yes | No | | | | |
| | | | | | | □N | | |
| 0.000 | *** | | Yes | No | | □Y | | |
| | | | Yes | No | | | | |
| □F | | | .03 | '* | 1 | □N | | |
| 1 | | | Yes | No | | □Y | | |
| 7 | -/- | | Voc | No | / | 10.3983 | | |
| <i> </i> 5 | | / | | NO / | | 1 | | |
| □M / | | | //es | No | | □Y | | |
| / | | _// | | | | □N | | |
| ZF | | / / | Yes | \setminus_{N^0} | | | | |
| /OM | | / | Yes/ | No | | | | |
| | | | | | | □N | | |
| | | | Yes | No | | | | |
| | | | Yes | No | | | | |
| □F | | | 100 | "" | | □N | | |
| □М | | | Yes | No | | □Y | | |
| □F | | COUNT | LICE | ONI | · | □N | | |
| | | COUNTY | USE | ONL | I | | | |
| VORKs | ☐ Genera | al Assistance Cal | Fresh | □ Med | di-Cal □ | RCA 🗆 CN | /IISP □ CAPI | |
| | | Application #: | | | | CMISP Med | ical Record# | |
| | | Case Name: | | | | AS400 Com | pleted by | |
| | | | | | | Courtesy A | pplication scanned by | y |
| WEDS Completed 27. | | | | | | • (3,000) | on | |
| | - 1 | | | | | Comments: | | |
| | i | | | | | | | |
| | | | | | | | | |
| | 1 | | | | | | · | |
| * | | | | | | NAME OF TAXABLE | | |
| | Yes including Sincluding Sincludi | Yes PNo ncluding childre S DOB E X M F M G F M G G G G G G G G G G G G | red in Sacramento County? Date of the county? Part of the county? Part of the county? Part of the county? Date of the county? | red in Sacramento County? Date arrival gent City Yes PNo How Many Months? Yes PNo How Many Months? Number Required A Circle Number Yes F Yes COUNTY USE YORKS General Assistance CalFresh Application #: Case Name: Case Serial #: Case Load #: | red in Sacramento County? Date arrived: City Sacramento Pequesting Aid? Circle One Yes No Yes No Yes No Yes No F No F Yes No F Yes No COUNTY USE ONL VORKs General Assistance CalFresh Med Application #: Case Name: Case Serial #: Case Load #: Case Load #: | red in Sacramento County? Date arrived: Note of the No | red in Sacramento County? Date arrived: | S |

COUNTY OF SACRAMENTO

DEPARTMENT OF HUMAN ASSISTANCE

| | Date N | umber: | |
|---|---|--|---|
| | Date: _ | lama: | |
| 197 . | Case N | Nome: | |
| | Worker | Name: | |
| * | Worker | · Number: | |
| LANGUAGE PREFERENCE AND | | | |
| | | | |
| County Use Only: ☐ Intak | ce/Recertification □ Substantive | e/Significant Conta | act |
| ise read, complete and mark the box(es) erstand the following: | | | |
| My primary language is <u>Fnafish</u> Yes I wish to receive written communication of the Colifornia Resolution of Society | and/or my culture | is Letterogenou | Sy American |
| by the California Department of Social | Services or by Sacramento Coun | anguage if G anslation That ity Department of H | ons have been made uman Assistance. |
| No, Ido not wish to receive this service | | | |
| Yes, I wish to have a worker who is far | miliar with lang | guage and/or | culture. |
| No, I do not wish to have this service. | | | |
| Yes, I inderstand that I can request ar language is/not available and I unders | tand I am not required to provide | my own interpreter. | a worker for my |
| | erpreter if a worker for my languag | ge is not available. | |
| No, I do not wish to have t | | | |
| Yes, / understand that I can use my ov communication if using my own interpretable. | reter. | | |
| / D Voc Lwich to uco | | 927900 10007070 | aum internates |
| Voc Middle Australia informed me that | Name of Interpreter | as my | own interpreter. |
| Yes the county has informed me that emergency circumstances. This may is source is available. Yes, I authorize the County to release No, I do not authorize the County to re Yes, I wish to receive hearing or visual Forms, audio tapes, CDs, Braille, etc. | they cannot use anyone under 18 include medical emergency, deter emy case information to the interpelease my case information to the al aids such as Telecommunication, if available. Items or services re | 3 as an interpreter of the state of the stat | except under eed, or if no other eaf (TDD), Large Print |
| Yes the dounty has informed me that emergency circumstances. This may is source is available. Yes, I authorize the County to release No, I do not authorize the County to reason Yes, I wish to receive hearing or visual Forms, audio tapes, CDs, Braille, etc. No, I do not wish to receive this service. | they cannot use anyone under 18 include medical emergency, deter emy case information to the interpelease my case information to the al aids such as Telecommunication, if available. Items or services rece | as an interpreter of the control of | except under eed, or if no other eaf (TDD), Large Print |
| Yes the county has informed me that emergency circumstances. This may is source is available. Yes, I authorize the County to release No, I do not authorize the County to re Yes, I wish to receive hearing or visual Forms, audio tapes, CDs, Braille, etc. | they cannot use anyone under 18 include medical emergency, deter e my case information to the interpelease my case information to the al aids such as Telecommunication, if available. Items or services rece | B as an interpreter of mining language no preter. The interpreter on Device for the Device for | except under eed, or if no other eaf (TDD), Large Print terpreter |
| Yes the dounty has informed me that emergency circumstances. This may is source is available. Yes, I authorize the County to release No, I do not authorize the County to reason Yes, I wish to receive hearing or visual Forms, audio tapes, CDs, Braille, etc. No, I do not wish to receive this service. | they cannot use anyone under 18 include medical emergency, deter emy case information to the interpelease my case information to the al aids such as Telecommunication, if available. Items or services rece | as an interpreter of the control of | except under eed, or if no other eaf (TDD), Large Print terpreter |
| Yes the dounty has informed me that emergency circumstances. This may is source is available. Yes, I authorize the County to release No, I do not authorize the County to reason Yes, I wish to receive hearing or visual Forms, audio tapes, CDs, Braille, etc. No, I do not wish to receive this service. | they cannot use anyone under 18 include medical emergency, deter e my case information to the interpelease my case information to the al aids such as Telecommunication, if available. Items or services rece | as an interpreter of the contracted in □ County Emplo | except under eed, or if no other eaf (TDD), Large Print terpreter byee |
| Yes the dounty has informed me that emergency circumstances. This may i source is available. Yes, I authorize the County to release No, I do not authorize the County to re Yes, I wish to receive hearing or visua Forms, audio tapes, CDs, Braille, etc. No, I do not wish to receive this service Interpreter service provided by: | they cannot use anyone under 18 include medical emergency, deter e my case information to the interpelease my case information to the al aids such as Telecommunication, if available. Items or services rece | as an interpreter of the contracted in County Emplo | except under eed, or if no other eaf (TDD), Large Print terpreter byee |
| Yes the dounty has informed me that emergency circumstances. This may i source is available. Yes, I authorize the County to release No, I do not authorize the County to release Yes, I wish to receive hearing or visua Forms, audio tapes, CDs, Braille, etc. No, I do not wish to receive this service Interpreter service provided by: | they cannot use anyone under 18 include medical emergency, deter e my case information to the interpelease my case information to the al aids such as Telecommunication, if available. Items or services rece Friend/Family member Telephone interpreter Signature: | as an interpreter of the interpreter of the interpreter. In Device for the Device | except under eed, or if no other eaf (TDD), Large Print terpreter byee _Date:Date: |
| Yes the dounty has informed me that emergency circumstances. This may is source is available. Yes, I authorize the County to release No, I do not authorize the County to release Yes, I wish to receive hearing or visual Forms, audio tapes, CDs, Braille, etc. No, I do not wish to receive this service Interpreter service provided by: erpreter Name: County Use Section: | they cannot use anyone under 18 include medical emergency, deter emy case information to the interpelease my case information to the al aids such as Telecommunication, if available. Items or services rece Friend/Family member Telephone interpreter Signature: | as an interpreter of the interpreter. The interpreter. The interpreter of the Designation of the Designation of Telephone Interpreter of the Interpreter of the Designation of Telephone Interpreter of the | except under eed, or if no other eed, or if no other eaf (TDD), Large Print terpreter byee _Date: |
| Yes the dounty has informed me that emergency circumstances. This may is source is available. Yes, I authorize the County to release No, I do not authorize the County to release Yes, I wish to receive hearing or visual Forms, audio tapes, CDs, Braille, etc. No, I do not wish to receive this service Interpreter service provided by: Perpreter Name: County Use Section: Imme of company providing service on significant. | they cannot use anyone under 18 include medical emergency, deter emy case information to the interpelease my case information to the al aids such as Telecommunication, if available. Items or services rece | as an interpreter of rmining language not be reter. In Device for the Desequested: Contracted in County Employed or Telephone Interpreter. | except under eed, or if no other eed, or if no other eaf (TDD), Large Print terpreter byee _Date:Date: |
| Yes the dounty has informed me that emergency circumstances. This may is source is available. Yes, I authorize the County to release No, I do not authorize the County to release Yes, I wish to receive hearing or visual Forms, audio tapes, CDs, Braille, etc. No, I do not wish to receive this service Interpreter service provided by: erpreter Name: County Use Section: | they cannot use anyone under 18 include medical emergency, deter emy case information to the interpelease my case information to the al aids such as Telecommunication, if available. Items or services rece Friend/Family member Telephone interpreter Signature: | as an interpreter of rmining language no oreter. interpreter. on Device for the Desquested: Contracted in County Emplo | except under eed, or if no other eaf (TDD), Large Print terpreter oyee |
| Yes the dounty has informed me that emergency circumstances. This may is source is available. Yes, I authorize the County to release No, I do not authorize the County to release Yes, I wish to receive hearing or visual Forms, audio tapes, CDs, Braille, etc. No, I do not wish to receive this service Interpreter service provided by: Perpreter Name: County Use Section: Imme of company providing service on significant. | they cannot use anyone under 18 include medical emergency, deter emy case information to the interpelease my case information to the al aids such as Telecommunication, if available. Items or services rece Friend/Family member Telephone interpreter Signature: | as an interpreter of rmining language no oreter. interpreter. on Device for the Desquested: Contracted in County Emplo | except under eed, or if no other eed, or if no other eaf (TDD), Large Print terpreter byee _Date:Date: |



If you are not registered to vote where you live now, would you like to apply to register to vote here today? (Check One) Already registered. I am registered to vote at my current residence address. I would like to register to vote. (Please fill out the attached voter registration form.) I do not want to register to vote. NOTE: IF YOU DO NOT CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. YOU MAY TAKE THE ATTACHED VOTER REGISTRATION FORM TO REGISTER AT YOUR CONVENIENCE. Mana E. Horton Horton **Applicant Name Important Notices** Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency. 2. If you would like help in filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party preference or other political preference, you may file a complaint with the Secretary of State by calling toll-free (800) 345-VOTE (8683) or you may write to: Secretary of State, 1500 - 11th Street, Sacramento, CA, 95814. For more information on elections and voting, please visit the Secretary of State's website at www.sos.ca.gov.

01/13 NVRA Voter Preference Form

| MANDATORY II | NFORMATION - continued | | | Sel / MATINO |
|---|--|--|-------------------------|--|
| CF | Fill out this section the | or two in t | | Clanne Carry |
| | Fill out this section to report reduced work of (ABAWDs). (ABAWDs are adults between | or training hours for 19 and 50 who a | or Able-Bodied Adults | without Dependents |
| | The number of hours worked or in training to hours per week or hours | d dropped below | onet caring for mino | r children.) |
| | to hours/per/week or hours | per month. | 20 hours a week or | 80 hours a month |
| | Name of person(s) | | المتعال ير | 5 plade part |
| | Relationship to you | | 200 | Ship of the state |
| ı | Explain what happened | | KW S ON B | 12 - 12 Mary 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| - [| Date of change | | 41300 | the wall post and in a |
| | J. J | | Wet 312 Orth | O The state of the way |
| VOLUNTARY INF | FORMATION (All households/Assistance Ur | aito) | dotte of wh | by et of out sixed |
| I would like to rep | port the following information: | 1115) | The pend by | Sult 1 South of the 12 th |
| | ing nost resigned is procured | I deserve ask | hand at Ch | Me de of the solvented |
| - matarials | I removests to aproxima | tel 30 | are week | 50- |
| month. | I have also received pra-wi | Il alms this | period amount | the second |
| -applicating | tely to per day of Record | & keeping a | I these source | The state of the s |
| impractic | able meither provides now | cpt. 06 | These above | entail " |
| powery/son | of my scale for official approxi | emated, this | income is certain | ny within the Vi |
| Auna lavement | (At 1.0 in \ 111 + 11 1 | resulted for | rova: 1. B/a | exlisting from |
| Commit V | intimes by foren | rument 145/201 | duct in low | spiracy & son |
| Matter Inton | + cincurastantially causing | , d. 173 | Damages Caus | and with boling |
| Thereto | I concluded and making | burndunal | of Indigency | by abuse of proces |
| more exper | ous to intend - PS : Cosaire | t of relova | dostruction is | even miste |
| 00 | imajorly component to my actual | recations | (exceptional) | Aforemen Korred |
| E i di Novi de la companya | CERTIFIC | | | 1 |
| I UNDERSTAND | THAT: If on purpose I do not report all fac | ts or give wrong | facts about my income | |
| status to get of het | ep getting aid of benefits, I can be charged v | vitri a crime. And. | I may be charged wit | e, property, or family the committing a felony |
| ii more than \$50 | The cash and and/or Carriesh is wrongly paid | out. | | |
| I declare under pe in this report are tr | nalty of perjury under the laws of the Uniteduce and correct and complete. | d States and the | State of California tha | it the facts contained |
| WHO MUST SIGN BELOW: | For Cash Aid: you and your aided spous aided children), if living in the home. | se, Registered Do | mestic Partner, or the | other parent (of cash |
| | For CalFresh: the head of househ representative. | | | usehold's authorized |
| Signature or Mark | - Untan | Date Signed | Home Phone | Contact Phone |
| Signature or Mark | o, ripuor | 10292020 | | 916-562- \$584 |
| Signature of Spouse, or other Parent of Cas | Registered Domestic Partner Date Signed sh Aided Children | other person com | ness to Mark, interpre | ter or Date Signed |
| | · · | | | 1 |

SAR 3 (2/15) RECOMMENDED FORM

PAGE 2 OF 2

MID-PERIOD STATUS REPORT

For Cash Aid and CalFresh

RECIPIENT'S NAME

CASE NUMBER (IF KNOWN):

Use this form to report mandatory or voluntary changes that have occurred since you last reported.

If you are reporting income information, please provide proof, such as: pay stubs; copies of checks; letters from agencies; etc. If you're having problems getting the proof and need help, call the county.

If you are reporting changes in expenses, please provide proof, such as: receipts; canceled checks; paid invoices; etc. If you're having problems getting the proof and need help, call the county.

If you are reporting an address change, please provide proof of expenses such as: a copy of your <u>new</u> rental agreement or lease; rent receipt for your <u>new</u> address; copies of utility deposits; etc.

MANDATORY INFORMATION

| If you get Cash Aid, report the information marked CA. If Sections marked CA/CF are for all households/assistance un | If you get CalFresh, report the information marked CF. |
|--|--|
| and the fall mouseholds/assistance un | mus. |

| CA/C | F | My combined household income is more than the limit for my household size. In the month of, the total combined income for my household is \$ |
|------|---|--|
| CA | | Someone in my household is hiding or running from the law to avoid prosecution, being taken into custody, or going to jail for a felony crime or attempted felony crime. Name of person |
| CA | | Someone in my household has been found by a court of law to be in violation of probation or parole. Name of person |
| CA | | I have moved, changed my phone number or have a new mailing address. New home address |
| | | New mailing address (if different from your home address) New phone number () |

See other side

Please use black or blue ink because it is easy to read and copies best. Please print your answers. If you need more space to answer a question(s), attach additional sheets of paper to provide the information. Please be sure to identify which question you are writing about on the additional sheets of paper. **APPLICANT'S INFORMATION** SOCIAL SECURITY NUMBER (IF YOU HAVE ONE AND ARE APPLYING FOR BENEFITS) OTHER NAMES (MAIDEN, NICKNAMES, ETC.) NAME (FIRST, MIDDLE, LAST) 214-84-5382 ZIP CODE CITY APARTMENT # HOME ADDRESS OF DIRECTIONS TO YOUR HOME Sacramento CA 95822 Indisent NA COUNTY STATE ZIP CODE CITY MAILING ADDRESS (IF DIFFERENT FROM ABOVE APARTMENT # I want to get messages about my case by email. Yes ☐ No I want to get information about this No Yes application by email. WORK/ALTERNATE/MESSAGE PHONE jaakovos egmail.com HOME PHONE NI What programs are you applying for? Do you have a disability and need help applying? Health Coverage Cash Aid If yes, please let the County know right away if you are homeless, so they can help you CalFresh Are you homeless? 12 Yes \(\text{No} \) figure out an address to use to accept your application and get notices from the county about your case. What language do you prefer to read (if not English)? What language do you prefer to speak (if not English)? The County will provide an interpreter at no cost to you. If you are deaf or hard of hearing please check here Have your utilities been shut off or do you have Yes No Is your household's gross income less than \$150 and cash on hand, checking and savings accounts of \$100 or less? Yes 🗌 No a shut-off notice? Is your household's combined gross income and liquid resources less than the combined rent/mortgage and utilities? Will your food run out in 3 days or less? Yes No Do you need help with transportation to get Is your household a migrant/seasonal farm worker household with liquid resources not food, clothing, medical care or other Yes No emergency item(s)? exceeding \$100? Do you need essential clothing, such as Yes 🔽 Do you have an eviction notice or a notice to Yes Yo diapers or clothing needed for cold weather? pay rent or leave? If yes, did she get a Presumptive Eligibility card? $\ \square$ Yes $\ \square$ No Is anyone pregnant?
Yes No Other emergency which Elder Abuse ☐ Child Abuse ☐ Domestic Abuse Immediate Medical Need threatens health or safety. Explain: I understand that by signing this application under penalty of perjury (making false statements), that: I read, or had read to me, the information in this application and my answers to the questions in this application. My answers to the questions are true and complete to the best of my knowledge. Any answers I may give for my application process will be true and complete to the best of my knowledge. I read or had read to me and I understand and agree to the Rights and Responsibilities (Program Rules Page 1). I read, or had read to me, the Program Rules and Penalties (Program Rules Pages 2 - 4). I understand that giving false or misleading statements or misrepresenting, hiding or withholding facts to establish eligibility is fraud and that I may be subject to penalties under federal law if I provide false or untrue information. Fraud can cause a criminal case to be filed against me and/or I may be barred for a period of time (or life) from getting CalFresh benefits and cash aid. I understand that Social Security Numbers or Immigration Status for household members applying for benefits may be shared with the appropriate government agencies as required by federal law. I am giving the Medi-Cal agency the right to pursue and get any money from other health insurance, legal settlements or other third parties. SIGNATURE OF APPLICANT, CARETRICES RELATIVE (OR ADULT HOUSEHOLD MEMBER/ ANTHONIZED REPRESENTATIVE ROLA *If you have an Authorized Representative please complete question 2 on next page. DATE 10272020

OTHER PARENT, AIDED ADULT, OR REGISTERED DOMESTIC PARTNER

SAWS 1 (8/13)

amas

PAGE 1 OF 2

DATE

| Tou ma | V authorize com | THORIZED REPRES | The second secon | | | |
|--|--|--|--|--|--|--|
| County | n't want them to sp proof of identity fo | one 18 years of age of the interview, help you may get by mist pend will not be repla or yourself and the ap | aced. If you are a | ormation this person an Authorized Repre | our CalFresh ben nd report change n gives the Count esentative you wit | efits. This persons for you. You way and any benefit |
| | | | pplicant. | - | - Sindiffer you will | need to give th |
| If yes, o | complete the follow | neone to help you wi | th your CalFresh o | case? 🗌 Yes 🔟 | No | |
| AUTHORIZED REPRI | ESENTATIVE NAME | 10/1 | $-\Lambda$ | | | |
| Do you want to | The same of the sa | | <i>Y 1</i> | AUTHORIZED REPE | RESENTATIVE PHONE NUM | BER |
| If ves. complet | name someone to re the following section | receive and spend Call | Fresh Benefits for yo | Our household? | '00 | |
| NAME | e the following section | on:// / / | H | nedecinoid: [] | es 🗌 No | |
| | • | | | PHONE NUMBER | | |
| ADDRESS | 343 | U CITY, | / ' | | | |
| | | | | STATE, | | ZIP CODE |
| 2a. HEA | LTH INSURANCE | AUTHORIZED RE | PRESENTATIVE | <u> </u> | | |
| iou ouii | give a trusted pers | SON Dermission to tal | k about | | | |
| act for ye | ou on things about | t this part of your an | nlication 🗥 appli | cation for nealth ins | surance, see your | information and |
| health in | surance part of vo | t this part of your ap ur application? \(\subseteq \text{Ye} | o The King City | want to choose an | authorized repre | sentative for th |
| | | | o — 140 ii yes, iiii | out the information in | Appendix C (on th | e SAWS 2 PLUS |
| 3. Are y | ou or any member o | of your family American | Indian or Alaska A | Lu o Du D | | |
| If yes | s, and applying for he | ealth care, please go to | Appendix B (on the | SAWS 2 PLUS) for | TINO additional guestion | 6 |
| RACE/E | THNICITY | | | | additional question | 5. |
| Race and | t otheroity informati | (a.a. (a. a. a. P () () () | | | | |
| or nation | origin Vous and | ion is optional. It is re | | | A CONTRACTOR OF THE PARTY OF TH | 200 |
| Control Maria Control Control | | MOTO WILL THE SECOND | equested to assure | e that benefits are g | iven without rega | rd to race, colo |
| savs the | - Tour ario | WCIS WIII HOL AHECI V | OUL FIIGHDIIIV OF DA | e that benefits are g enefit amount. Che | liven without rega eck all that apply | rd to race, color to you. The lav |
| - , / | County must recor | d your ethnic group | and race. | enerit amount. Che | eck all that apply | to you. The lav |
| Check | County must recor | d your ethnic group of the want to give the Cour | and race. | enerit amount. Che | eck all that apply | to you. The lav |
| Check enter t | County must recor this box if you do no his information for gi | rd your ethnic group of want to give the Courty rights statistics only. | and race. | enerit amount. Che | city. If you do not, | to you. The law |
| Check enter t | County must recor this box if you do no his information for ci- | on spanish origin? | and race. Ity information about the of hispanic or La | enerit amount. Che | city. If you do not, | to you. The lav |
| Check enter t | County must recor this box if you do no his information for ci eyou of HISPANIC CATINO Yes DNO | on spanish origin? | and race. Ity information about the of hispanic or La | enerit amount. Che | city. If you do not, | to you. The lav |
| Check enter t THNICITY ARE BACEJET | County must recor this box if you do no his information for ci e you of HISPANIC LATINO Yes D No HNIC ORIGIN | ord your ethnic group of want to give the Cour vil rights statistics only. | and race. Inty information about the properties of hispanic or Lambert Mexican Properties. | It your race and ethnic | city. If you do not, DER YOURSELF: an Other | to you. The lav |
| Check enter t | County must recor this box if you do no his information for ci e you of HISPANIC LATINO Yes D No HNIC ORIGIN | on spanish origin? | and race. Ity information about the of hispanic or La | It your race and ethnic | city. If you do not, | to you. The lav |
| Check enter t THNICITY ARE RACE White | County must recorning this box if you do no his information for cively you of HISPANIC LATINO Yes D No HNIC ORIGIN American India | or Alaskan Native | and race. Inty information about the properties of the properties | It your race and ethnic | city. If you do not, DER YOURSELF: an Other | to you. The lav |
| Check enter t THNICITY ARE RACE White Asian (| County must recor this box if you do no his information for cir YOU OF HISPANIC ATINO Yes No HNIC ORIGIN American India | on or Alaskan Native | and race. anty information about the properties of the properties | TINO ORIGIN. DO YOU CONSII | city. If you do not, DER YOURSELF: an Other her or Mixed | to you. The lav |
| Check enter t THNICITY ARE RACE/ET White Asian (I | County must recor this box if you do no his information for cir you of HISPANIC LATINO Yes D No HNIC ORIGIN American India If checked, please se | on or Alaskan Native | and race. Inty information about the properties of the properties | TINO ORIGIN. DO YOU CONSII | city. If you do not, DER YOURSELF: an Other | to you. The lav |
| Check enter t THNICITY ARE RACE/ET White Asian (i) Filipino Other A | County must recor this box if you do no his information for cir EYOU OF HISPANID ATINO YES NO HNIC ORIGIN American India If checked, please se Chinese Sian (specify) | rd your ethnic group of want to give the Cour vil rights statistics only. OR SPANISH ORIGIN? IF YOUR TO THE TO TH | and race. Inty information about the properties of the properties | TINO ORIGIN, DO YOU CONSII TO PIEM | city. If you do not, DER YOURSELF: an Other her or Mixed Asian Indian | to you. The law |
| Check enter t THNICITY ARE RACE/ET White Asian (Filipino Other A Native I | County must recor this box if you do no his information for cir you of HISPANIC ATINO Yes No HNIC ORIGIN American India If checked, please se Chinese Sian (specify) Hawaiian or Other Pa | ord your ethnic group of want to give the Cour vil rights statistics only. OR SPANISH ORIGIN? IF YOUR OR Alaskan Native elect one or more of the Japanese Camacific Islander (If check | and race. Inty information about the properties of the properties | TINO ORIGIN, DO YOU CONSII TO PIEM | city. If you do not, DER YOURSELF: an Other her or Mixed Asian Indian | to you. The law |
| Check enter t THNICITY ARE RACE/ET White Asian (I) Filipino Other A Quamal | County must recor this box if you do no his information for cir you of HISPANIC ATINO Yes No HNIC ORIGIN American India If checked, please se Chinese Sian (specify) Hawaiian or Other Panian or Chamorro | ord your ethnic group of want to give the Cour vil rights statistics only. OR SPANISH ORIGIN? IF YOUR COURT OF A COURT OF THE COURT | and race. Inty information about the properties of the properties | TINO ORIGIN, DO YOU CONSII TO PIEM | city. If you do not, DER YOURSELF: an Other her or Mixed Asian Indian | to you. The law |
| Check enter t THNICITY ARE RACE/ET White Asian (Filipino Other A Native I Guamai INTERV | County must recor this box if you do no his information for cir evou of HISPANID ATINO Yes No HNIC ORIGIN American India If checked, please se Chinese Sian (specify) Hawaiian or Other Panian or Chamorro IEW PREFERENCE | or Alaskan Native elect one or more of the Japanese | and race. Inty information about the properties of the properties | It your race and ethnicate your race and ethnicate of the following the | city. If you do not, DER YOURSELF: an Other her or Mixed Asian Indian Dwing): Native | to you. The law |
| Check enter t THNICITY ARE White Asian (Filipino Other A Quamar INTERV You will ne Interviews | County must recor this box if you do no his information for cir YOU OF HISPANID ATINO YES NO HNIC ORIGIN American India If checked, please se Chinese Sisian (specify) Hawaiian or Other Panian or Chamorro IEW PREFERENCE ed to have an interfor CalFresh are usi | rd your ethnic group of your ethnic group of want to give the Cour vil rights statistics only. OR SPANISH ORIGIN? IF YOUR TO THE YOUR TO | and race. Inty information about the discuss your appunite of the property of the discuss of the discussion of th | at your race and ethnicate your race and ethnicate your race and ethnicate you consider to Piearn Cubarn American Otton Vietnamese the or more of the following polication and to receinterviewed when given interviewed interviewed when given interviewed | city. If you do not, DER YOURSELF: an Other her or Mixed Asian Indian Dwing): Native | to you. The law the County will Laotian Hawaiian alFresh benefits on to the County |
| Check enter t THNICITY ARE White Asian (i) Filipino Other A Native H Guama 4. INTERV You will ne Interviews in-person of | County must recor this box if you do no his information for cir You of HISPANID ATINO Yes No HNIC ORIGIN American India If checked, please se Chinese Sisian (specify) Hawaiian or Other Panian or Chamorro IEW PREFERENCE ed to have an interfor CalFresh are used in the property of | rd your ethnic group of your ethnic group of want to give the Cour vil rights statistics only. OR SPANISH ORIGIN? IF YOUR OR SPANISH ORIGIN? IF YOU | and race. Inty information about the discuss your applicants of the discuss of the discussion of the discussio | at your race and ethnicative or place or more of the following or more or more of the following or more or more of the following or more or m | city. If you do not, DER YOURSELF: an Other her or Mixed Asian Indian owing): Native eive cash aid or C ving your application interview. If you | Laotian alFresh benefits on to the County are applying fo |
| Check enter t THNICITY ARE RACE/ET White Asian (I) Filipino Other A Native II Guamal INTERV You will ne Interviews in-person o CalWORKs | County must recor this box if you do no his information for cir You of HISPANID ATINO Yes No HNIC ORIGIN American India If checked, please se Chinese Sisian (specify) Hawaiian or Other Panian or Chamorro IEW PREFERENCE ed to have an interfor CalFresh are used in the property of | rd your ethnic group of your ethnic group of want to give the Cour vil rights statistics only. OR SPANISH ORIGIN? IF YOUR TO THE YOUR TO | and race. Inty information about the discuss your applicants of the discuss of the discussion of the discussio | at your race and ethnicative or place or more of the following or more or more of the following or more or more of the following or more or m | city. If you do not, DER YOURSELF: an Other her or Mixed Asian Indian owing): Native eive cash aid or C ving your application interview. If you | Laotian alFresh benefits on to the County are applying to |
| Check enter t THNICITY ARE RACE/ET White Asian (I) Filipino Other A Native II Guamal INTERV You will ne Interviews in-person o CalWORKs hours. | County must recording this box if you do not his information for cive you of HISPANIC ATINO Yes Not HISPANIC AND HISPANI | ord your ethnic group of want to give the Cour vil rights statistics only. OR SPANISH ORIGIN? IF YOUR TO THE TO T | and race. Inty information about the discuss your applicants in a bout the discuss your applicants in a bout the done at the same and race. Inty information about the discuss your applicants in a bout the discuss your applicants in a bout the same and applicants in the done at the same and into a bout the discuss in a bout the discuss your applicants in the done at the same and into a bout the discuss in the discuss your applicants in the done at the same and into a bout the discuss your applicants in the done at the same and into a bout the discussion and a bout the discussion and into a bout the discussion and a bout the d | tyour race and ethnicated by the state of the following the state of the state of the state of the following the state of the sta | city. If you do not, DER YOURSELF: an Other her or Mixed Asian Indian owing): Native eive cash aid or C ving your application interview. If you | Laotian alFresh benefits on to the County are applying for |
| Check enter to Check | County must recording this box if you do not his information for cive you of HISPANIC ATINO Yes No HNIC ORIGIN American India If checked, please sees in the checked, please sees in the checked in the c | ord your ethnic group of want to give the Cour vil rights statistics only. OR SPANISH ORIGIN? IF YOUR TO THE TO T | and race. Inty information about the properties of the properties | TINO ORIGIN, DO YOU CONSII TO RIGHT DO YOU CONSII TO | city. If you do not, DER YOURSELF: an Other her or Mixed Asian Indian owing): Native eive cash aid or C ving your application interview. If you | Laotian alFresh benefits on to the County are applying to |
| Check enter to Check | County must recording this box if you do not his information for cive you of HISPANIC ATINO Yes No HNIC ORIGIN American India If checked, please sees in the checked, please sees in the checked in the c | ord your ethnic group of want to give the Cour vil rights statistics only. OR SPANISH ORIGIN? IF YOUR TO THE TO T | and race. Inty information about the properties of the properties | TINO ORIGIN, DO YOU CONSII TO RIGHT DO YOU CONSII TO | city. If you do not, DER YOURSELF: an Other her or Mixed Asian Indian owing): Native eive cash aid or C ving your application interview. If you | Laotian alFresh benefits on to the County are applying for |
| Check enter to Check | County must recording this box if you do not his information for cive you of HISPANIC ATINO Yes Not Not NIC ORIGIN American India If checked, please seasian (specify) Hawaiian or Other Panian or Chamorro IEW PREFERENCE ed to have an interfor CalFresh are used to have an interfor CalFresh, your and CalFresh, your heck this box if you heck this box if you heck this box if your the calfresh. | or your ethnic group of want to give the Cour vil rights statistics only. OR SPANISH ORIGIN? IF YOUR OR SPANISH ORIGIN. In or Alaskan Native elect one or more of the Samoan original | and race. Inty information about the properties of the properties | tyour race and ethnicate on the following of the following | city. If you do not, DER YOURSELF: an Other her or Mixed Asian Indian owing): Native eive cash aid or C ving your application interview. If you ORKs interview du | Laotian Hawaiian alFresh benefits on to the County are applying for ring normal office |
| Check enter to Check | County must recording this box if you do not his information for cive you of HISPANIC LATINO Yes No HISPANIC LATINO HISP | or dyour ethnic group of want to give the Cour vil rights statistics only. OR SPANISH ORIGIN? IF YOUR OR SPANISH ORIGIN OR SPANISH ORIGIN OR SPANISH ORIGIN OR SPANISH ORIGINAL TO THE YOUR OR SPANISH OR | and race. Inty information about the properties of the properties | tyour race and ethnicate your race and ethnicate your race and ethnicate your consultation. The Green Cuban American Cuban American Otton Vietnamese the or more of the following the control of the following the fol | city. If you do not, DER YOURSELF: an Other her or Mixed Asian Indian owing): Native eive cash aid or C ving your application interview. If you ORKs interview du edy Families, Triba | to you. The law the County will Laotian Hawaiian alFresh benefits on to the County are applying for ring normal office |
| Check enter to Check | County must recording this box if you do not his information for cive you of HISPANIC LATINO Yes No HISPANIC LATINO HISP | or dyour ethnic group of want to give the Cour vil rights statistics only. OR SPANISH ORIGIN? IF YOUR OR SPANISH ORIGIN OR SPANISH ORIGIN OR SPANISH ORIGIN OR SPANISH ORIGINAL TO THE YOUR OR SPANISH OR | and race. Inty information about the properties of the properties | tyour race and ethnicate your race and ethnicate your race and ethnicate your consultation. The Green Cuban American Cuban American Otton Vietnamese the or more of the following the control of the following the fol | city. If you do not, DER YOURSELF: an Other her or Mixed Asian Indian owing): Native eive cash aid or C ving your application interview. If you ORKs interview du edy Families, Triba | Laotian Laotian Hawaiian alFresh benefits on to the County are applying for ring normal office |
| Check enter t THNICITY ARE White Asian (Asi | County must recor this box if you do no his information for cir You of HISPANID ATINO Yes No HNIC ORIGIN American India If checked, please se Chinese Sian (specify) Hawaiian or Other Panian or Chamorro IEW PREFERENCE ed to have an interfor CalFresh are using and CalFresh, your heck this box if you her you have held the held this held the held this held the held the held this held the held this held the held the held this held the hel | rd your ethnic group of your ethnic group of want to give the Cour vil rights statistics only. OR SPANISH ORIGIN? IF YOUR TO THE TO TH | and race. Inty information about the properties of the properties | at your race and ethnicate your race and ethnicate your race and ethnicate your consultance. The or was a consultance of the following the polication and to receinterviewed when ging the time as your Callwal Fresh. The polication and to receinterviewed when ging your callwal the time as your Callwal alfresh. The polication and to receinterviewed when ging your callwal the time as your Callwal alfresh. The polication and to receinterviewed when ging your callwal the time as your Callwal alfresh. The polication and to receinterviewed when ging your callwal the time as your Callwal alfresh. The polication and to recein the polication and to receive your callwal alfresh. | city. If you do not, DER YOURSELF: an Other her or Mixed Asian Indian Derive cash aid or Coving your application interview. If you ORKs interview du edy Families, Tribate, etc.)? Yes | to you. The law the County will Laotian Hawaiian alFresh benefits on to the County are applying for ring normal office |
| Check enter to Check | County must recording this box if you do not his information for cive you of HISPANIC LATINO Yes No HISPANIC LATINO HISP | rd your ethnic group of your ethnic group of want to give the Cour vil rights statistics only. OR SPANISH ORIGIN? IF YOUR TO THE TO TH | and race. Inty information about the properties of the properties | tyour race and ethnicated the state of the following the state of the following the state of the | city. If you do not, DER YOURSELF: an Other her or Mixed Asian Indian Derive cash aid or Coving your application interview. If you ORKs interview du edy Families, Tribate, etc.)? Yes | to you. The law the County will Laotian Hawaiian alFresh benefits. on to the County are applying for ring normal office |
| Check enter to Check | County must recor this box if you do no his information for cir You of HISPANID ATINO Yes No HNIC ORIGIN American India If checked, please se Chinese Sian (specify) Hawaiian or Other Panian or Chamorro IEW PREFERENCE ed to have an interfor CalFresh are using and CalFresh, your heck this box if you her you have held the held this held the held this held the held the held this held the held this held the held the held this held the hel | rd your ethnic group of your ethnic group of want to give the Cour vil rights statistics only. OR SPANISH ORIGIN? IF YOUR OR SPANISH ORIGIN OR SPANISH ORIGIN OR SPANISH ORIGIN OR SPANISH ORIGINATION OR SPANISH OR SPANISH ORIGINATION OR SPANISH OR SPANISH ORIGINATION OR SPANISH OR SPANISH ORIGINATION OR SPANISH OR | and race. Inty information about the properties of the properties | tyour race and ethnicity your race and ethnicity our race and ethnicity or race and race or more of the following or race and race or more of the following or race and race or more and to receive the race of the following or race or more of the following or race or r | city. If you do not, DER YOURSELF: an Other her or Mixed Asian Indian owing): Native eive cash aid or C ving your application interview. If you ORKs interview du edy Families, Triba f, etc.)? Yes All for Cff | to you. The law the County will Laotian Hawaiian alFresh benefits. on to the County are applying for ring normal office |
| Check enter to Check | County must recor this box if you do no his information for cir You of HISPANID ATINO Yes No HNIC ORIGIN American India If checked, please se Chinese Sian (specify) Hawaiian or Other Panian or Chamorro IEW PREFERENCE ed to have an interfor CalFresh are using and CalFresh, your heck this box if you her you have held the held this held the held this held the held the held this held the held this held the held the held this held the hel | rd your ethnic group of your ethnic group of want to give the Cour vil rights statistics only. OR SPANISH ORIGIN? IF YOUR OR SPANISH ORIGIN OR SPANISH ORIGIN OR SPANISH ORIGIN OR SPANISH ORIGINATION OR SPANISH OR SPANISH ORIGINATION OR SPANISH OR SPANISH ORIGINATION OR SPANISH OR SPANISH ORIGINATION OR SPANISH OR | and race. Inty information about the properties of the properties | at your race and ethnicate your race and ethnicate your race and ethnicate your consultance. The or was a consultance of the following the polication and to receinterviewed when ging the time as your Callwal Fresh. The polication and to receinterviewed when ging your callwal the time as your Callwal alfresh. The polication and to receinterviewed when ging your callwal the time as your Callwal alfresh. The polication and to receinterviewed when ging your callwal the time as your Callwal alfresh. The polication and to receinterviewed when ging your callwal the time as your Callwal alfresh. The polication and to recein the polication and to receive your callwal alfresh. | city. If you do not, DER YOURSELF: an Other her or Mixed Asian Indian owing): Native eive cash aid or C ving your application interview. If you ORKs interview du edy Families, Triba f, etc.)? Yes All for Cff | to you. The law the County will Laotian Hawaiian alFresh benefits. on to the County are applying for ring normal office |

C

C

V Cha-

State of California – Health and Human Services Agency

California Department of Social Services

DEMOGRAPHIC QUESTIONNAIRE FOR CALWORKS, REFUGEE CASH ASSISTANCE (RCA), ENTRANCE CASH ASSISTANCE (ECA), TRAFFICKING AND CRIME VICTIMS ASSISTANCE PROGRAM (TCVAP) AND CALFRESH PROGRAMS

| Legal Name: | Case Number: |
|--|--|
| James E. Hoston (by birth on record) | |
| (Optional) Preferred Name and Pronoun(s): | |
| Jacob (Not determined as yet for | Record of Name Change |
| The following personal information is optional and confided benefits are given without regard to sexual orientation or gender affect your eligibility or benefit amount. The law says the count and gender identity, but you are not required to answer. Your rused to be sure the county asked you the questions. The councivil rights statistical purposes. You can ask the county for another any time. | er identity. Your answers will not ty must ask your sexual orientation name and case number are only nty will only use this information for |
| ☐ Check this box if you do not want to give the county informat gender identity. You can also select "decline to state" on each | · · · · · · · · · · · · · · · · · · · |
| 1. OPTIONAL: What is your gender identity? Please check on identity: Female (assigned female at birth and identify as female) Male (assigned male at birth and identify as male) Transgender female (assigned male at birth and identify Transgender male (assigned female at birth and identify Non-binary (neither, both or a combination of male or female at birth and identify Another gender identity I Not a function Decline to state | y as female) y as male) emale) |
| 2. OPTIONAL: What sex was listed on your original birth certif ☐ Female ☑ Male ☐ Decline to state | icate? Please check one: |
| 3. OPTIONAL: What is your sexual orientation? Please check orientation: Straight or heterosexual (attracted to people with the original distracted to people with the same gender Bisexual (attracted to people with both the same and different to people with both the same and differen | opposite gender) er) fferent genders) sbian ot bisexual) |

COUNTY OF SACRAMENTO

YES

DE

| SOUNT OF SACRAMENTO | DEPARTMENT OF HUMAN ASSISTANCE |
|--|---|
| | Case Number: |
| | Case Number: Date: |
| | Date:Case Name: |
| | Worker Name: |
| | Worker Name: Worker Phone Number: Worker Number: |
| 3 | Worker Number: |
| TEXT MESSAGING AND E | EMAIL NOTIFICATION SERVICE AGREEMENT |
| Would you like to receive text message an of Human Assistance (DHA) about your be programs by email and/or text message to receive notices by mail whether or not you | d/or email reminders from the Sacramento County Department enefits? DHA is offering a reminder service for several your cell phone. This service is optional. You will continue to choose to receive text messages and/or opening remindent. |
| them might see the text messages/emails. also be able to see these messages. Text plan. DHA is not responsible for charges you DHA will not send you text messages or em | Cone who uses your cell phone or email or who has access to Communication service providers used by you or DHA may message charges may apply depending on your text message ou may accrue by accepting DHA's text messages. Therefore, nails without your permission. |
| send you text messages and/or emails about case. You may stop this service by calling | Notification Service Agreement, you are authorizing DHA to ut appointments, renewals, and other information about your (916) 874-3100 or (209) 744-0499 (for those in the 209 area ill (916) 874-2599. If you stop these services, you will still be |
| | anges or your phone is lost, please contact a worker. |
| Please complete the information below (and | return in the attached envelope if not completing in person). |
| I understand that this service is optional not reply to the messages as responses a | |
| I would like to receive text messages from | are not monitored. |
| to receive <u>text messages</u> from | n DHA. |
| Y) YES | NO |
| I would like to receive email messages fro | om DHA |
| 7M VEC | |
| James E H + | NO |
| Printed Name | 2 <i>14-84→538⊋</i> Social Security Number |
| Section a section - | Social Security Number |
| 08/11 /19 % Date of Birth | |
| Date of Birth | 184TN89 |
| James E Hartan Dignature | Case Number |
| pignature // ////// | 10393030 Date |
| | Date |
| 9/6) 562-5084 | |
| 9/6) 5/63 - 5584 Cell Phone Number | iga Koros Raggo I |
| THE PROPERTY OF THE PROPERTY O | Email Address Com |

SAC 1022 34F

Cell Phone Number

| | 1. APPLICANT'S INFO | | | oto or pur | - | | | | e sure to ide |
|--------------------|---|---|--|---|--|---|--|---|---|
| | 1. APPLICANT'S INFO | PRMATIC | ON | | | | | | |
| $\underline{\Psi}$ | M | | | | MES (MAIDEN, NICKNAMES, | ETC.) | SOCIAL S | ECURITY NU | JMBER (IF YOU HA |
| | James E. Hort | | | Ja | 2006 | | | | -5382 |
| OME | ADDRESS OR DIRECTIONS TO YOUR H | ОМЕ | APARTMENT # | CITY | | COUNTY | 00 / | STATE | ZIP CODE |
| AILII | AND ADDRESS (IF DIFFERENT FROM ABO | | - | | | | | | |
| | Indial A | VE) | APARTMENT # | CITY | | COUNTY | | STATE | ZIP CODE |
| wai | nt to get information about this | s ¬ | 1 | Lwont | to got mossages ob | out | | ļ | |
| OME | ication by email. | | es No Message phone | EMAIL ADDI | to get messages ab | | email. | L | Yes I |
| 91 | 6-562-5584 | NA | | 30 | akovos @ gm | ail com | | | |
| ha | t programs are you applying f | or? DC | alFresh 🗌 (| Cash Aid | | have a disabil | ity and | | |
| | Health Coverage Other Are you homeless? Yes | | | | need h | elp applying? | | | Yes 🛂 |
| | figure out an address to use | | If yes , pleas | se let the | County know right a | away if you are | homele | ss, so th | ey can help y |
| | | | | _ | ; / | anty about your | case. | | |
| | What language do you prefe What language do you prefe | r to read (| if not English)? | Eny | allsh (N/M) | | | | |
| | | | | | | | | | |
| | The County will provide an in | | | u. II you | | | | | |
| | Is your household's gross in \$150 and cash on hand, che savings accounts \$100 or le | ss? | | □ No | Have your utilities a shut-off notice | es been shut off o | or do you | have | Yes V No |
| | Is your household's combine and liquid resources less that rent/mortgage and utilities? | | | D/No | Will your food ru | | | V | Yes 🗆 No |
| | Is your household a migrant/ worker household with liquid exceeding \$100? | resources | s not Yes | No No | food, clothing | (s)? | e or | other | Yes No |
| | Do you have an eviction notion pay rent or leave? | _/ | l ies | 2 No | Do you need diapers or clothi | .3 | 1 | h as er? | Yes No |
| | Is anyone pregnant? Yes | No No | If yes, did | she get a | Presumptive Eligibili | ty card? 💯 🗴 | 96 | No | |
| | Does anyone in your househ | | personal emer Child Abuse | gency?[Domest | ☐ Yes ☐ No If y ic Abuse ☐ Elde | res, check box: | | regnancy emergen | cy which |
| | Immediate Medical Neethreatens health or safety. | xplain: | | | | | Outlot | 3 | |
| | Immediate Medical Neethreatens health or safety. | xplain: | | · · · · · · · · · · · · · · · · · · · | | | Other | | |
| | threatens health or safety. Ex | | nder penalty of | periury (r | naking false stateme | | | 3 | |
| de | threatens health or safety. Exerstand that by signing this ap | plication u | | | | ents), that: | | | , |
| de | erstand that by signing this ap I read, or had read to me, the | plication u | on in this applica | ation and | my answers to the q | ents), that: uestions in this | applica | ation. | |
| de | threatens health or safety. Exerstand that by signing this ap | plication u information pages 1 thowledge. | on in this applica nrough 17 and a | ation and ppendice | my answers to the q s A through E of the | ents), that: uestions in this SAWS 2 Plus | applica | ation. | |
| ide | erstand that by signing this ap I read, or had read to me, the Any answers I have given on complete to the best of my kn | plication uniformation pages 1 the low ledge. | on in this applica nrough 17 and a nd and agree to | ation and oppendice o the Righ | my answers to the q s A through E of the ts and Responsibiliti | ents), that: uestions in this SAWS 2 Plus es (Program R | applica | ation. | |
| ide | erstand that by signing this ap I read, or had read to me, the Any answers I have given on complete to the best of my kn I read or had read to me and I read, or had read to me, the I understand that giving false | plication uniformation pages 1 the low ledge. I understate Program or misleace to penal | on in this application on the transfer of the | ation and oppendice othe Righ lties (Proposition or misrepital law if I | my answers to the q s A through E of the ts and Responsibiliti gram Rules Pages 2 presenting, hiding or provide false or untr | ents), that: uestions in this SAWS 2 Plus es (Program R 2 - 4). withholding fac | applica are true ules Pa | ation. e, correct. ge 1). | , and |
| ide | erstand that by signing this ap I read, or had read to me, the Any answers I have given on complete to the best of my kn I read or had read to me and I read, or had read to me, the I understand that giving false fraud and that I may be subjectase to be filed against me ar | plication unit information pages 1 throwledge. I understate Program or misleacet to penal and/or I may | on in this application on in this application of the control of th | ation and appendice the Righ alties (Properties (Prope | my answers to the questions of the quest | ents), that: uestions in this SAWS 2 Plus es (Program R 2 - 4). withholding facue information etting CalFresh | are true ules Pa ets to es Fraud | ation. e, correct ge 1). tablish el can caus ts and ca | , and ligibility is se a criminal ish aid. |
| nde | erstand that by signing this ap I read, or had read to me, the Any answers I have given on complete to the best of my kn I read or had read to me and I read, or had read to me, the I understand that giving false fraud and that I may be subjective to be filed against me ar | plication u information pages 1 th nowledge. I understa Program or mislead or to penal nd/or I may rity Numbert agenci | on in this application on the same and agree to Rules and Penaling statements ties under feder to be barred for a sers or Immigraties as required to | ation and appendice the Righ Ities (Pro- or misrep ral law if I a period of on Status by federal | my answers to the quest of the stand Responsibiliting and Rules Pages of the provide false or untraction of time (or life) from guestion for household memulaw. | ents), that: uestions in this SAWS 2 Plus es (Program R 2 - 4). withholding facture information etting CalFresh bers applying for | are true ules Pa ets to es Fraud o benefi or bene | ation. e, correct ge 1). tablish el can caus ts and ca | , and ligibility is se a criminal ish aid. be shared |
| nde | erstand that by signing this ap I read, or had read to me, the Any answers I have given on complete to the best of my kn I read or had read to me and I read, or had read to me, the I understand that giving false fraud and that I may be subject case to be filed against me ar I understand that Social Secu with the appropriate government I am giving the Medi-Cal agen third parties. | plication u information pages 1 th pages 1 th powledge. I understa Program or mislead or mislead ot to penal nd/or I may rity Number ent agenci | on in this application on the same application of the same and agree to the same and agree to the same application of the same | the Righ the Righ the Righ dities (Pro- or misrep ral law if I period of on Status by federal I get any r | my answers to the quantum s A through E of the stand Responsibiliting and Rules Pages 2 presenting, hiding or provide false or untraction time (or life) from guantum for household mem law. | ents), that: uestions in this SAWS 2 Plus es (Program R 2 - 4). withholding fac ue information etting CalFresh bers applying for | are true ules Pa ets to es Fraud benefi or bene legal s | ation. e, correct. ge 1). stablish el can caus ts and ca fits may t | , and ligibility is se a criminal ish aid. be shared |
| nde | erstand that by signing this ap I read, or had read to me, the Any answers I have given on complete to the best of my kn I read or had read to me and I read, or had read to me and I read, or had read to me, the I understand that giving false fraud and that I may be subject case to be filed against me ar I understand that Social Secul with the appropriate government am giving the Medi-Cal agen | plication u information pages 1 th pages 1 th powledge. I understa Program or mislead or mislead ot to penal nd/or I may rity Number ent agenci | on in this application on the same application of the same and agree to the same and agree to the same application of the same | the Righ the Righ the Righ dities (Pro- or misrep ral law if I period of on Status by federal I get any r | my answers to the quantum s A through E of the stand Responsibiliting and Rules Pages 2 presenting, hiding or provide false or untraction time (or life) from guantum for household mem law. | ents), that: uestions in this SAWS 2 Plus es (Program R 2 - 4). withholding fac ue information etting CalFresh bers applying for | s applica are true ules Pa ets to es Fraud n benefi or bene , legal s | ation. e, correct. ge 1). stablish el can caus ts and ca fits may t | , and ligibility is se a criminal sh aid. be shared ts, or other |

| You may authorize someone 18 years or older to help your household wit you at the interview, help you complete forms, shop for you, and report charget by mistake because of information this person gives the County and replaced. If you are an Authorized Representative you will need to give to Do you want to name someone to help you with your CalFresh case? If yes, complete the following section: AUTHORIZED REPRESENTATIVE NAME Do you want to name someone to receive and spend CalFresh Benefits for your if yes, complete the following section: NAME ADDRESS 2a. HEALTH INSURANCE AUTHORIZED REPRESENTATIVES You can give a trusted person permission to talk about your application for on things about this part of your application. Do you want to choose an a your application? Yes No If yes, fill out the information in Appel 1998, and applying for health care, please go to Appendix B for additional property of the proper | anges for you. You will have to repay any benefits you may d any benefits you didn't want them to spend will not be he County proof of identity for yourself and the applicant. Yes No AUTHORIZED REPRESENTATIVE PHONE NUMBER |
|--|--|
| Do you want to name someone to help you with your CalFresh case? AUTHORIZED REPRESENTATIVE NAME Do you want to name someone to receive and spend CalFresh Benefits for your lif yes, complete the following section: NAME ADDRESS 2a. HEALTH INSURANCE AUTHORIZED REPRESENTATIVES You can give a trusted person permission to talk about your application for on things about this part of your application. Do you want to choose an a your application? Yes No If yes, fill out the information in Appel Are you or any member of your family American Indian or Alaskan Na If yes, and applying for health care, please go to Appendix B for additional process. | AUTHORIZED REPRESENTATIVE PHONE NUMBER r household? Yes No |
| Do you want to name someone to receive and spend CalFresh Benefits for your lifyes, complete the following section: NAME ADDRESS 2a. HEALTH INSURANCE AUTHORIZED REPRESENTATIVES You can give a trusted person permission to talk about your application for on things about this part of your application. Do you want to choose an a your application? Yes No If yes, fill out the information in Appell 1998, and applying for health care, please go to Appendix B for additional properties of the pro | r household? Yes No |
| ADDRESS 2a. HEALTH INSURANCE AUTHORIZED REPRESENTATIVES You can give a trusted person permission to talk about your application for on things about this part of your application. Do you want to choose an a your application? Yes No If yes, fill out the information in Appel 3. Are you or any member of your family American Indian or Alaskan Na If yes, and applying for health care, please go to Appendix B for additional processing the process of the pr | PHONE NUMBER |
| ADDRESS 2a. HEALTH INSURANCE AUTHORIZED REPRESENTATIVES You can give a trusted person permission to talk about your application for on things about this part of your application. Do you want to choose an a your application? Yes No If yes, fill out the information in Appel 3. Are you or any member of your family American Indian or Alaskan Na If yes, and applying for health care, please go to Appendix B for additional process. | |
| 2a. HEALTH INSURANCE AUTHORIZED REPRESENTATIVES You can give a trusted person permission to talk about your application for on things about this part of your application. Do you want to choose an a your application? Yes No If yes, fill out the information in Appel 3. Are you or any member of your family American Indian or Alaskan Na If yes, and applying for health care, please go to Appendix B for additional care. | STATE, ZIP CODE |
| You can give a trusted person permission to talk about your application for on things about this part of your application. Do you want to choose an a your application? Yes No If yes, fill out the information in Appe 3. Are you or any member of your family American Indian or Alaskan Na If yes, and applying for health care, please go to Appendix B for additional stress of the second of the sec | |
| your application? Yes No If yes, fill out the information in Appe 3. Are you or any member of your family American Indian or Alaskan Na If yes, and applying for health care, please go to Appendix B for additional contents. | |
| If yes, and applying for health care, please go to Appendix B for addi | authorized representative for the health insurance part of endix C. |
| RACE/ETHNICITY | ative? 🗌 Yes 🕡 No tional questions. |
| | |
| - IHNICILY - | |
| RACE/ETHNIC ORIGIN | - Cusum - Cusu |
| White American Indian or Alaskan Native Black or African | American Other or Mixed |
| Asian (If checked, please select one or more of the following): | |
| ☐ Filipino ☐ Chinese ☐ Japanese ☐ Cambodian ☐ Korear | n 🗌 Vietnamese 🔲 Asian Indian 🔲 Laotian |
| Other Asian (specify) | |
| Native Hawaiian or Other Pacific Islander (If checked, please select or | ne or more of the following): Native Hawaiian |
| ☐ Guamanian or Chamorro ☐ Samoan | |
| 4. INTERVIEW PREFERENCE You will need to have an interview with the County to discuss your ap Interviews for CalFresh are disually done by phone, unless you can be in person or would prefer an in-person interview. Cash aid applicants m CalWORKs and CalFresh, your CalFresh interview will be done at the same hours. □ Please check this box if you would prefer an in-person interview for CalFresh interview for Cal | nust have an in person interview. If you are applying follow time as your CalWORKs interview during normal office alFresh. |
| Please check this box if you need other arrangements due to a disabili | rty. |
| 5. OTHER PROGRAMS | ry Assistance for Needy Families, Tribal TANF, Medicaid |
| Has anyone in your nouseriold ever recorded passages anyone in your nouseriold ever recorded passages. Supplemental Nutrition Assistance Program [food stamps], General Assis | stance/General Relief, etc.)? Yes No |
| | |
| YES, WHO? Jarvills E. Horton | WHERE (COUNTY/STATE)? |
| YES, WHO? | |

SAWS 2 PLUS (4/15)

- Clause County use a l

| oncitizens you are ap | For noncitizens you are applying for, please complete additional questions 6e and 6f. | iestions 6e an | d 6f. | | | | Only answer the | Social Security |
|---|---|-----------------------------------|------------------|--------------------|---|----------------------------|--|------------------------|
| APPLYING FOR BENEFITS (check each type) | | | | | Marital Status | Disabled (c Full-Time S | question below for each person applying for benefits. | _ — 10 |
| None Medi-Cal Health Care *Cash Aid | NAME (Last, First, Middle Initial) | How is the person related to you? | DATE OF BIRTH | GENDER (M OR F) | Widowed Divorced Separated Married Single | Student (check if yes) | CITIZEN or NATIONAL (check Yes or No) If no, complete question 6e. | SOCIAL SECURITY NUMBER |
| | toster, James F. | 1/ser/M | 01/1/60 | | | | Yes No | 374-34- |
| | | 9 | | | | | ☐ Yes ☐ No | |
| | | | | | | | ☐ Yes ☐ No | |
| | | | | | | | □ Yes | vig g |
| | | | | | | | □ Yes | |
| Cash Aid also include | * Cash Aid also includes General Assistance and General Relief pr | programs. | | \ | | | | 7, |
| 6a. Does everyone If yes, please | Does everyone listed in question 6 have the same contact information? If yes, please skip to the next question. | act information | 1? A Yes | N | no, please fill in | the perso | If no, please fill in the person's contact information below. | tion below. |
| NAME (FIRST, MIDDLE, AND LAST) | HOME (STREET) ADDRESS | 0 | | APARTMENT # | # CITY | | STATE | ZIP CODE |
| HOME PHONE NUMBER | MAILING ADDRESS (IF DIFFE | FERENT FROM ABOVE) | /E) | APARTMENT # | # CITY | | STATE | ZIP CODE |
| WORK/ALTERNATE/MESSAGE PHONE | ME EMAIL ADDRESS (OPTIONA | 1 4 L) | | | | | | |
| NAME (FIRST, MIDDLE, AND LAST) | HOME (STREET) ADDRESS | SS | | APARTMENT # | # CITY | | STATE | ZIP CODE |
| HOME PHONE NUMBER | MAILING ADDRESS (IF DIFF | FFERENT FROM ABOVE) | WE) | APARTMENT # | ## | | STATE | ZIP CODE |
| WORK/ALTERNATE/MESSAGE PHONE | ONE EMAIL ADDRESS (OPTIONAL) | NAL) | | | | | | |

| | | | | | e to th | | | |
|--|-----------------------------------|-------------------|--|-------------------------------------|---------|--|---|---------------------------|
| Name | Citiz | S. zen? | (1) | Status | | Honorable Discharge | ? | Dates of Service |
| James Ei Horton | ⊉ Yes | □ No □ | Active duty Veteran Spouse, par person in ac veteran | rent, or child o | of | ☑ Yes □ I | 20 | 95 - 2012 |
| | ∠ ☐ Yes | □ No □ | Active duty Veteran Spouse, par person in ac | rent, or child c ctive duty or a | of | ☐ Yes ☐ | No | |
| \$ 6e. NONCITIZEN | INFORMATIO | N - Please | complete for n | oncitizens you | ı are a | Oplying for. | | |
| Name | Date entered U.S (if known) | immia | this person h ration status their immigr and num | ? If/yes, plea ation docum | şe li | as this person ved in the U.S. continuously since 1996? | Is this pers a Naturalia Citizen? | zed (check Yes or No) |
| | | DOCUMENT | 100000000 | | _ | lYes □ No | ☐ Yes ☐ | No |
| | | DOCUMENT | | | | Yes No | ☐ Yes ☐ | No Yes No |
| | | DOCUMENT | | 1 | |] Yes □ No | ☐ Yes ☐ | No |
| | , | | | | | | | Yes 🗆 No |
| yes, who? | self, Ja | mes Ei | Horton | | | a T.Visa or I I-Vi | sa. | Yes ZINo |
| oes anyone listed abov AWA petition? yes, who? | e have, or have | they appli | ed for, or do th | ney plan to ap | ply for | a 1-VISA 01 0 V. | - | Yes I No |
| as anyone changed the yes, please complete t | he information | below. | e last 12 mont | hs? | | QUANCE | AL | EN NUMBER (IF APPLICABLE) |
| no, please continue to | the next questi | 511. | | | | | | |
| no, please continue to | | CHANGED? | n / / | | | OF CHANGE | AL | EN NUMBER (IF APPLICABLE) |

| Was this child(ren) placed in you Do you want the foster care child If yes, the foster care income you If no, the foster care income will | rently living in your home who is questions about the loster/child(rently home under a dependency order dependency order to counted in your CalFresh cast a receive will be counted as unearned incompared to the counted as unearned to the counted | of the court? se? ned income. | Yes Yes | □ No □ No |
|--|--|--|--|--|
| fino, please explain. | lootie o u | | is restrained to | I intend visove once concluded. |
| For Does anyone listed in quest of yes, please explain. NAME NAME 7. Unearned Income | when do they plan to leave? when do they plan to leave? when do they plan to leave? t does not come from work (unearing). | por more than 30 d | Ays? Yes Who PLAN TO RETURN TO CALIFORNI IF YES, WHEN: IF YES, WHEN: IF YES, WHEN: | od (6 months) |
| If no , skip to the next questio | n. | ned)? L Yes L | J No If yes , please ans | wer this question. |
| Social Security Disability SSI/SSP Cash aid CalWORKs/TANF/GA/GR/CAPI/RC Room and board (from a renter) Pension Child/Spousal support Rental/Royalties Social Security retirement or survivors benefits Per capita payments Work study/welfare to work or other program | Sales of notes, contracts promissory notes Veterans education bene Government/railroad disaveteran benefits or Milita Financial aid (school gra Gifts of money or other lunemployment Insurance State Disability Insurance Worker's Compensation Net Farming/Fishing | efits/income ability or retiremen ry pension nts/loans/scholars pans e/ | Help with rei | bling winnings nt/food/clothing r legal settlements bility or retirement d interest income its |
| Person Getting the Money? | From Where? | How Much? | How Often Received? (once, weekly, monthly, or other) | Expect to Continue? (Check Yes or No) |
| Myself, James El Hoston | Free will sifts | Varies by mininal | Sporta eausly and varied. | ☐ Yes ☑ No |
| · , | | | | Yes No |
| this income is not expected to continue, | please explain: | , | ill gifts (alms). | |

PAGE 8 OF 17

| Person Working Employer's Name and Address Employer's Phone Number Phone Number Employer's Phone Number Phone Number Find Phone Number | NOTE: If self-em Please list all inc Examples of earn others not listed | inployed, fill out question ome before taxes or oth ned income are (these ϵ there): | 8a below. ner deductions are examples can be f | e taken out (g full-time, temp | ross incom porary seas | e). onal work, or trair | ning, and ther | |
|--|---|---|--|---|-------------------------------|--------------------------------------|--------------------------------------|--|
| Person Working Employer's Name and Address Employer's Phone Number Employer's Phone Number Rate Norman How Offen Paid? (Once weekly, monthly, other) Norman How Phone Number Rate Norman How Phone Number Rate Norman How Paid? (Once weekly, monthly, other) Norman How Phone Number Rate Norman How Paid? (Once weekly, monthly, other) Norman How Phone Number Rate Norman How Paid? (Once weekly, monthly, other) Norman How Paid. (Author How Pai | WagesInclude any | Commission paid jobs the County he | | S | Salari | es • \ | Work study (s | itudents) |
| his income is not expected to continue, please explain: Recycle East, ress policy during time | Person Working | Employer's Name and Address | Employer's Phone Number | Rate | hours per | Paid? (Once weekly, | Earned Income Received This | Expect to Continue? (Check Yes or No) |
| Has anyone lost a job, changed jobs, quit a job, or reduced work hours within the last 60 days? Yes No Did the County help the person get this job? DATE OF LAST PAY REASON? Yes No DATE OF LAST PAY REASON? No STRIKE? IF YES, WHO? DATE OF LAST PAY REASON? STRIKE? IF YES, WHO? DATE OF LAST PAY REASON? STRIKE? IF YES, WHO? DATE OF LAST PAY REASON? No STRIKE? IF YES, WHO? DATE OF LAST PAY REASON? No STRIKE? IF YES, WHO? DATE OF LAST PAY REASON? REASON? STRIKE? IF YES, WHO? DATE OF LAST PAY REASON? REASON? STRIKE? IF YES, WHO? DATE OF LAST PAY REASON? NO STRIKE? IF YES, WHO? DATE OF LAST PAY REASON? REASON? STRIKE? IF YES, WHO? DATE OF LAST PAY REASON? REASON? SEIF-Employment expenses (or for CalFresh or cash aid, take a star of the part of the p | James E. Horton | purtable with | 916-562. 5584 | s N/A | All not sieuplange | Varies: | \$ 40 | ∀Yes □ No |
| his income is not expected to continue, please explain: Record Reason Reason | × | | | \$ | | , | \$ | ☐ Yes ☐ No |
| Has anyone lost a job, changed jobs, quit a job, or reduced work hours within the last 60 days? Yes No | | | | \$ | | | \$ | ☐ Yes ☐ No |
| Has anyone lost a job, changed jobs, quit a job, or reduced work hours within the last 60 days? | | | | \$ | 1 | | \$ | ☐ Yes ☐ No |
| 8a. Self-Employment Self-employde household members may take actual self-employment expenses (or for CalFresh or cash aid, take a state 40% deduction off of self-employment income). For cash aid, you may also choose to use a monthly average (yearly bus costs divided by 12 months). If you choose actual expenses, you must list your business expenses on a separate ship paper. Person Self-Employed Business Type of Business Started Of June Started Not really Austriants Of June Aust | ES, WHO? | DATE OF JOB LI QUIT, OR CHAN HO? DATE AN STRIKE | OSS, DATE OF LAST | | | | | |
| Person Self-Employed Self-Employed Business Started Started Monthly Income Self-Employment Expenses Self-Employment Expenses Monthly Income Self-Employment Expenses Monthly Income Self-Employment Self-Employme | 8a. Self-Employme Self-employed h 40% deduction of costs divided by | nt ousehold members may off of self-employment in 12 months). If you che | come). For cash a cose actual exper | aid, you may a nses, you mus g <i>Denotu</i> | also choose st list your t | to use a montniy ousiness expense | average (yea s on a separa | ate sheet of |
| James E. Hon for Business 1972 \$ Actual Expenses \$ \$ Monthly Average \$ \$ Actual Expenses \$ \$ Monthly Average \$ \$ Monthly Average \$ \$ Monthly Average \$ \$ Monthly Average \$ \$ 40% flat Rate (CalFresh/cash aid) \$ | | Business 7 Name Bu | ype of Businusiness Star | ness Month | ly | | | *Net Monthly Income |
| \$ \(\begin{align*} \text{ 40% flat Rate (CalFresh/cash aid)} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 1 0 | a business of fi | bon 127 | /11/ 10 \$ | ☐ Act | ual Expenses $\$$ $_$ | | \$ |
| \$ 40% flat Rate (CalFresh/cash aid) | | | | \$ | | ual Expenses \$ _ | | \$ 3 |
| Monthly Average \$ | | | | \$ | ☐ Acti | ual Expenses \$ _ | | s than |

SAWS 2 PLUS (4/15)

PAGE 9 OF 17

| Does anyone get he lif yes, please answer if no, skip to the no | | utilities, food c n. | or clothing free or in exchang | | | |
|--|--|-------------------------|---|--------------------------------------|------------------------|--|
| Item Received | / / / | Free For Work | Who gets the item? | Value | Wh | o gives the item? |
| Housing or Rent | h / | | | • | | |
| Utilities | | | | \$ | | |
| Food | | □ / □ 7 | | \$ | | |
| Clothing | V | | | \$ | | |
| , outling | | | J | \$ | | |
| 10. Yearly Income Does anyone's tota If yes, please answ If no, skip to the ne | ul income (unear ver this question ext question. | rned, earned, n. | and self employment) chang | ge from mont | h to month | ? 12 Yes \square No |
| Name of Pers | son | Wha | t will be their total income this year? | What | will be the | ir total income next ye (it will be different)? (ho Larafs |
| James E. Horton | VI | s San | • | ita | cord we | to Levels |
| (May 01 1100/0) | , C | Ψ ΣΕΛΙ | | \$ 10,41 | and s | an't Foresee m |
| 11. Household's Child | /Adult Care E: | \$ xpenses (The | actual amount of cost inc | \$ | | |
| Does anyone pay f look for a job? If no , skip to the ne Who gets care? | | yes, please a | lult, or other dependent so y nswer this question. Who gives care? | ou or the oth | er person Amount | can go to work, school, How Often Paid? |
| If no , skip to the ne | | yes, please a | lult, or other dependent so y nswer this question. | ou or the oth | er person | can go to work, school, How Often Paid? |
| If no , skip to the ne | | yes, please a | lult, or other dependent so y nswer this question. Who gives care? | s \$ | er person Amount | can go to work, school, How Often Paid? |
| If no, skip to the ne Who gets care? | xt question. | (name | lult, or other dependent so y newer this question. Who gives care? e and address of provider) | s \$ \$ \$ | Amount paid? | How Often Paid? (weekly/monthly, othe |
| If no , skip to the ne | xt question. | (name | lult, or other dependent so y newer this question. Who gives care? e and address of provider) | \$ \$ \$ pove? \(\square \text{Yes} | Amount paid? | can go to work, school, |
| If no, skip to the ne Who gets care? es anyone help your house | xt question. | (name | lult, or other dependent so y newer this question. Who gives care? and address of provider) | \$ \$ \$ pove? \(\square \text{Yes} | Amount paid? | How Often Paid? (weekly/monthly, other) If yes, complete below How Often Paid? |
| es anyone help your house Who gets care? Who gets care? 12. Child Support Payr Is anyone listed in quelif yes, please answe | hold pay all or pay al | part of your ch | lult, or other dependent so ynswer this question. Who gives care? and address of provider) ild/adult/care costs listed ab Who helps pay? | sove? \(\text{Yes} \) | Amount paid? | How Often Paid? (weekly/monthly, other If yes, complete below How Often Paid? (weekly/monthly, other Yes No |
| es anyone help your house Who gets care? Who gets care? 12. Child Support Payr Is anyone listed in quelif yes, please answelf no, skip to the nex | hold pay all or pay al | y obligated to | lult, or other dependent so ynswer this question. Who gives care? and address of provider) ild/adult/care costs listed ab Who helps pay? pay of ild/support, including | sove? \(\text{Yes} \) | Amount paid? | How Often Paid? (weekly/monthly, other If yes, complete below. How Often Paid? (weekly/monthly, other |
| es anyone help your house Who gets care? Who gets care? 12. Child Support Payr Is anyone listed in quelif yes, please answe | hold pay all or pay al | y obligated to | lult, or other dependent so ynswer this question. Who gives care? and address of provider) ild/adult/care costs listed ab Who helps pay? | sove? \(\text{Yes} \) | Amount paid? Support? | How Often Paid? (weekly/monthly, other If yes, complete below How Often Paid? (weekly/monthly, other Yes No How Often? |

| Is anyone listed in question 6 leg If yes, please answer the question, skip to the next question. | 1 / 1 | spousal support/alimony? | ☐ Yes ☑ No | |
|---|---|--------------------------------|---|--|
| Who pays spousal support/a | mony? | Amount paid? | (weekly, bi-wee | v often? ekly. monthly, other) |
| \$ 14. Special Needs Expenses Does anyone have a special me | dical condition or situ | lation that requires any of th | e following? | |
| Special diet prescribed by a doctor? | ☐ Yea ☐ No | Other special need? (spe | | □ No |
| Special phone or other equipment? | ∬Yes □ No | | | |
| Housework (no one in the home can do it)? | Yes 🗆 No | Please list the name of th | ne person with the | special need and explain: |
| Very high use of utilities? | Yes 🗆 No | / | | |
| , , | | | | |
| Special laundry service? 15. Household Expenses Does anyone you purchase and | Yes No prepare food with ge | et billed for any household ex | penses? | 12 No |
| Special laundry service? | prepare food with ge on. aid by housing assista shelter are set allow | ance such as HUD or Section | n 8. The heating a fill in the actual ar | nd cooling, telephone, nount owed. |
| Special laundry service? 15. Household Expenses Does anyone you purchase and If yes, please answer this questi- If no, skip to the next question. NOTE: Do no enter amounts pa | prepare food with ge on. | ance such as HUD or Section | n 8. The heating a | nd cooling, telephone, |
| Special laundry service? 15. Household Expenses Does anyone you purchase and If yes, please answer this questi If no, skip to the next question. NOTE: Do no enter amounts pa other utilities, and the homeless | prepare food with ge on. aid by housing assista shelter are set allow | ance such as HUD or Section | n 8. The heating a fill in the actual ar Amount | nd cooling, telephone, nount owed. How Often Billed? |
| 15. Household Expenses Does anyone you purchase and If yes, please answer this questi- If no, skip to the next question. NOTE: Do no enter amounts pa other utilities, and the homeless Type of Expenses | prepare food with ge on. iid by housing assista shelter are set allow Have Expense? | ance such as HUD or Section | n 8. The heating a fill in the actual ar Amount Owed | nd cooling, telephone, nount owed. How Often Billed? |
| 15. Household Expenses Does anyone you purchase and If yes, please answer this questi If no, skip to the next question. NOTE: Do no enter amounts pa other utilities, and the homeless Type of Expenses Rent or house payment Property taxes and insurance | prepare food with geon. iid by housing assistate shelter are set allow Have Expense? Output Output Description: | ance such as HUD or Section | n 8. The heating a fill in the actual ar Amount Owed | nd cooling, telephone, nount owed. How Often Billed? |
| Special laundry service? 15. Household Expenses Does anyone you purchase and If yes, please answer this questi If no, skip to the next question. NOTE: Do no enter amounts pa other utilities, and the homeless Type of Expenses Rent or house payment Property taxes and insurance (if billed separate from rent or mortgage) Gas, electric, or other fuel used for heating or cooling, such as firewood or propane | prepare food with ge on. aid by housing assista shelter are set allow Have Expense? Output Output Description: | ance such as HUD or Section | n 8. The heating a fill in the actual ar Amount Owed | nd cooling, telephone, nount owed. How Often Billed? |
| Special laundry service? 15. Household Expenses Does anyone you purchase and If yes, please answer this questi If no, skip to the next question. NOTE: Do no enter amounts pa other utilities, and the homeless Type of Expenses Rent or house payment Property taxes and insurance (if billed separate from rent or mortgage) Gas, electric, or other fuel used for heating or cooling, such as firewood or propane (if separate from rent or mortgage) | prepare food with ge on. iid by housing assista shelter are set allow Have Expense? Order Press No Yes No Yes No | ance such as HUD or Section | n 8. The heating a fill in the actual ar Amount Owed | nd cooling, telephone, nount owed. How Often Billed? |
| Special laundry service? 15. Household Expenses Does anyone you purchase and If yes, please answer this questing no, skip to the next question. NOTE: Do no enter amounts pay other utilities, and the homeless Type of Expenses Rent or house payment Property taxes and insurance (if billed separate from rent or mortgage) Gas, electric, or other fuel used for heating or cooling, such as firewood or propane (if separate from rent or mortgage) Telephone/cell phone | prepare food with geon. iid by housing assistate shelter are set allow. Have Expense? Ves No Yes No Yes No Yes No | ance such as HUD or Section | n 8. The heating a fill in the actual ar Amount Owed | nd cooling, telephone, nount owed. How Often Billed? |

| (\$) 20. | Is anyone getting In-I If yes, fill in the information | ation below | vices (IHSS)? Ye | s L4No |
|-----------------------------|--|--|--|--|
| WHO GETS | SERVICES? | M// | ном мисн во уои | PAY EACH MONTH FOR THE SERVICES? |
| NAME NAME | . Does everyone listed in If no, list the people who | o don't buy and prepare | e food with you, | |
| 218 | Yes Yo If yes | , who: | | od and fix meals separately because of a disability? |
| 22 . | the following? | es No | | e. Is anyone enrolled in health coverage now from next to the coverage they have. |
| Med | icaid/Medi-Cal | or coverage and write the | _ | oyer Insurance |
| CHIE | | | | of health insurance |
| Medi | | | | number: |
| | CARE (Don't check if you h | navo diroct | | COBRA coverage? Yes No |
| | or Line of Duty) | lave direct | | |
| | | | | retiree health plan? Yes No |
| VA h | nealth care programs | | Is this a | state employee benefit plan? |
| Peac | ce Corps | | Other | |
| | | | Name o | of health insurance |
| | | | Policy N | |
| | | | Is this p | olan a limited-benefit plan |
| | | | | chool accident policy? Yes No |
| 22a | Is anyone listed on the If ves. you'll need to co | is application offered | health care coverage | A / |
| | If yes, you'll need to co | urance expected to e | health care coverage pendix A. | ge from a job? |
| 22b | If yes, you'll need to co Is anyone's health ins If yes, please answer the | urance expected to e | health care coverage pendix A. | ge from a job? |
| 22b | If yes, you'll need to co | surance expected to e the question. If no, skip | health care coverage pendix A. nd or has it ended in to the next question. Expiration | ge from a job? |
| 22b | If yes, you'll need to co Is anyone's health ins If yes, please answer the | surance expected to e the question. If no, skip | health care coverage pendix A. nd or has it ended in to the next question. Expiration | ge from a job? |
| 22b | If yes, you'll need to co Is anyone's health ins If yes, please answer the surance Company | urance expected to ene question. If no, skip Person Insured | health care coverage pendix A. nd or has it ended it to the next question. Expiration Date | ge from a job? |
| 22b | If yes, you'll need to co Is anyone's health ins If yes, please answer the surance Company Does anyone want hele | eurance expected to en e question. If no, skip Person Insured | health care coverage pendix A. nd or has it ended in to the next question. Expiration Date | ge from a job? |
| 22b Ins | If yes, you'll need to co Is anyone's health ins If yes, please answer the surance Company Does anyone want hele If yes, who: Does anyone listed in If yes, complete the que | rurance expected to e the question. If no, skip Person Insured Ip for medical bills fro question 6 plan to file estions below for each | health care coverage pendix A. Ind or has it ended in to the next question. Expiration Date Date mythe last three more a federal income to tax filer. | re from a job? |
| 22b | If yes, you'll need to co Is anyone's health ins If yes, please answer the surance Company Does anyone want hele If yes, who: Does anyone listed in If yes, complete the que If no, skip to 23f. | reprete and include Apsurance expected to enter question. If no, skip Person Insured Ip for medical bills from the question 6 plan to file estions below for each | health care coverage pendix A. nd or has it ended in the next question. Expiration Date Date om/the last three modes a federal income to tax filer. | Reason it ended or will end The last 90 days? Yes Tho Reason it ended or will end The last 90 days? Yes Tho The last 90 days? |
| 22b In: 22c 23a | If yes, you'll need to co Is anyone's health ins If yes, please answer the surance Company Does anyone want hel If yes, who: Does anyone listed in If yes, complete the que If no, skip to 23f. Please complete this se question 23. You can st | urance expected to e the question. If no, skip Person Insured Ip for medical bills fro question 6 plan to fil estions below for each ection for each person to fill apply for health insu | health care coverage pendix A. nd or has it ended it to the next question. Expiration Date om/the last three more tax filer. who plans to file a fectorance even if you dor | re from a job? Yes No Reason it ended or will end The last 90 days? Yes No Reason it ended or will end The last 90 days? Yes No |
| 22b In: 22c 23a | If yes, you'll need to co Is anyone's health ins If yes, please answer the surance Company Does anyone want hel If yes, who: Does anyone listed in If yes, complete the que If no, skip to 23f. Please complete this se question 23. You can st | replete and include Apsurance expected to enter question. If no, skip Person Insured Ip for medical bills from the extreme to the extreme the extrem | health care coverage pendix A. Ind or has it ended in to the next question. Expiration Date Date Date The period of the period of the next question. Expiration Date Da | Reason it ended or will end The last 90 days? Yes Tho Reason it ended or will end The last 90 days? Yes Tho The last 90 days? |
| 22b In: | If yes, you'll need to co Is anyone's health ins If yes, please answer the surance Company Does anyone want hele If yes, who: Does anyone listed in If yes, complete the que If no, skip to 23f. Please complete this se question 23. You can st Name of person plannin Will this person file joint | replete and include Apsurance expected to enter question. If no, skip Person Insured Ip for medical bills from the section for each person t | health care coverage pendix A. Ind or has it ended in to the next question. Expiration Date Date Date The period of the period of the next question. Expiration Date Da | re from a job? Yes No Reason it ended or will end The last 90 days? Yes No Reason it ended or will end The last 90 days? Yes No |
| 22b Ins 22c 23a 23b 23c | If yes, you'll need to co Is anyone's health ins If yes, please answer the surance Company Does anyone want hele If yes, who: Does anyone listed in If yes, complete the que If no, skip to 23f. Please complete this se question 23. You can st Name of person plannin Will this person file joint If yes, name of spouse: | Person Insured Person Insured Ip for medical bills from the person of the each person o | health care coverage pendix A. nd or has it ended in to the next question. Expiration Date Date mythe last three more tax filer. who plans to file a fectorance even if you dor me tax return. Yes Tax return: Yes | re from a job? Yes No Reason it ended or will end The last 90 days? Yes No Reason it ended or will end The last 90 days? Yes No |
| 22b In: 22c 23a 23b 23c 23d | If yes, you'll need to co Is anyone's health ins If yes, please answer the surance Company Does anyone want hele If yes, who: Does anyone listed in If yes, complete the que If no, skip to 23f. Please complete this se question 23. You can st Name of person plannin Will this person file joint If yes, name of spouse: Will this person claim ar If yes, please list the na | replete and include Apsurance expected to enter expected to enter expected to enter expected to enter expected. If no, skip Person Insured Ip for medical bills from the expection of plan to fill estions below for each expection for each person expection for each person expected in the expected expected in the expected expect | health care coverage pendix A. Ind or has it ended in to the next question. Expiration Date D | Reason it ended or will end The last 90 days? Yes Tho Reason it ended or will end The last 90 days? Yes Tho Reason it ended or will end The last 90 days? Yes Tho Reason it ended or will end The last 90 days? Yes Tho Reason it ended or will end The last 90 days? Yes Tho Reason it ended or will end The last 90 days? Yes Tho Reason it ended or will end |
| 22b In: 22c 23a 23b 23c 23d | If yes, you'll need to co Is anyone's health ins If yes, please answer the surance Company Does anyone want hele If yes, who: Does anyone listed in If yes, complete the que If no, skip to 23f. Please complete this se question 23. You can st Name of person plannin Will this person file joint If yes, name of spouse: Will this person claim ar If yes, please list the na | Person Insured Person Insured Ip for medical bills from the estions below for each person the estion for each person the estimate of th | health care coverage pendix A. nd or has it ended in to the next question. Expiration Date Da | Reason it ended or will end The last 90 days? Yes Tho Reason it ended or will end The last 90 days? Yes Tho Reason it ended or will end The last 90 days? Yes Tho Reason it ended or will end The last 90 days? Yes Tho Reason it ended or will end The last 90 days? Yes Tho Reason it ended or will end The last 90 days? Yes Tho Reason it ended or will end The last 90 days? Yes Tho Reason it ended or will end The last 90 days? Yes Tho Reason it ended or will end The last 90 days? Yes Tho Reason it ended or will end The last 90 days? Yes Tho Reason it ended or will end |
| 22b In: 22c 23a 23b 23c 23d | If yes, you'll need to co Is anyone's health ins If yes, please answer the surance Company Does anyone want hele If yes, who: Does anyone listed in If yes, complete the que If no, skip to 23f. Please complete this se question 23. You can st Name of person plannin Will this person file joint If yes, name of spouse: Will this person claim ar If yes, please list the na How is the dependent(s) To make it easier to deter | Person Insured Ip for medical bills from the extreme to each person insured Ip for medical bills from the extreme to the ext | health care coverage pendix A. Ind or has it ended in to the next question. Expiration Date D | Reason it ended or will end The last 90 days? Yes Tho Reason it ended or will end The last 90 days? Yes Tho Reason it ended or will end The last 90 days? Yes Tho Reason it ended or will end The last 90 days? Yes Tho Reason it ended or will end The last 90 days? Yes Tho Reason it ended or will end The last 90 days? Yes Tho Reason it ended or will end |

| | 26. | | the use of, or have their na I vehicle (RV), or motorboa information in Appendix E. | ime on any | rogistration of a | mu matar vahi | iala avalentia | | |
|--------------|-------------------|--|---|--|---|---|--|-------------|---|
| | 27. | Does anyone in question or country? | on 6 own or are they buyi | ng a home | | rty anywher | e including i | n anot | her state |
| | Vho o | wns or is buying the ome/property? | Address of the home/ | oronerty | der or disabled. Is someone renting the home from the owner? | | h rent does ner get? | now expe | ot living in to but owner octs to move ck into the e someday? |
| | | | | | Yes No | \$ | □ Not rented | | ∕es □ No |
| | | / V | / / | | ☐ Yes ☐ No | \$ | ☐ Not rented | | Yes 🗌 No |
| \$ | 28. | | Diversion cash payment or e question. If no , skip to th | | | y county or ot | ther state? | ☐ Yes | S IZ No |
| | | Name | County/State Received From | Amou Receiv | | rvices Recei | ived Estim Value Servi | e of | Date Last Received |
| | | ¥ | | \$ | | | \$ | | |
| | 29. | Duplicate Benefits Have you, or any member (federal name for food a lf yes, who? | er of your household been ssistance program) benefi | convicted of the convic | of fraudulently reate after Septem | ceiving duplic | cate SNAP s? | No | |
| | 29. 30. | Have you, or any member (federal name for food a lif yes, who? | per of your household, ever of \$500 or more after September 1985 | ts in any St been conv ember 22, 1 | cted of traffickin | g (allowing us | se of or selling | | cards to |
| | 30. | Have you, or any member (federal name for food a lif yes, who? Trafficking Benefits Have you, or any member others) SNAP benefits of lif yes, who? Trading Benefits for Displayer you or any member September 22, 1996? | per of your household, ever of \$500 or more after September of your household been Yes No | been convember 22, 1 | cted of traffickin 996? | g (allowing us | se of or selling | | cards to |
| | 30. | Have you, or any member (federal name for food a lif yes, who? Trafficking Benefits Have you, or any member others) SNAP benefits of lif yes, who? Trading Benefits for Discrete Have you or any member 22, 1996? If yes, who? Trading Benefits for Fire Have you or any member and member you or any member have you or any member have you or any member have you or any member after September 22, 198 | rugs er of your household, ever of \$500 or more after Septe rugs er of your household been Yes No irearms or Explosives er of your household been \$6? Yes DNo | been convember 22, 1 | cted of traffickin 996? | g (allowing us No P benefits for | se of or selling | g EBT | or explosives |
| | 30. | Have you, or any member (federal name for food a lif yes, who? Trafficking Benefits Have you, or any member others) SNAP benefits of lif yes, who? Trading Benefits for Dental Have you or any member 22, 1996? If yes, who? Trading Benefits for Fither Have you or any member after September 22, 1988. If yes, who? Fraud | rugs er of your household, ever of \$500 or more after Septe rugs er of your household been Yes No irearms or Explosives er of your household been of your household been of your household been of your household been | been convember 22, 1 found guilty | cted of traffickin 996? Yes of trading SNA | g (allowing us No P benefits for | se of or selling r drugs after r guns, ammu | g EBT | or explosives |
| | 30. 31. | Have you, or any member (federal name for food a lif yes, who? Trafficking Benefits Have you, or any member others) SNAP benefits of lif yes, who? Trading Benefits for Displayers and lifty with the lifty of lifty with the lifty of lifty with the lifty with the lifty with l | rugs er of your household, ever of \$500 or more after Septe rugs er of your household been Yes No irearms or Explosives er of your household been \$6? Yes No | been convember 22, 1 found guilty | cted of traffickin 996? | g (allowing us No P benefits for P benefits for | se of or selling r drugs after r guns, ammu | g EBT | or explosives |
| P S S | 30. 31. | Have you, or any member (federal name for food at lif yes, who? Trafficking Benefits Have you, or any member others) SNAP benefits of the lif yes, who? Trading Benefits for Dentary members and the lif yes, who? Trading Benefits for Fire Have you or any members after September 22, 1996? If yes, who? Trading Benefits for Fire Have you or any members after September 22, 1998. If yes, who? Fraud Have you or anyone in yellowed the life yes appearing a constions. | rugs er of your household, ever of \$500 or more after Septe rugs er of your household been Yes No rearms or Explosives er of your household been or Yes No your household had their corresponds or any other reason? | been convember 22, 1 found guilty found guilty ash aid sto Yes W No | cted of traffickin 996? Yes of trading SNA of trading SNA oped for being for When? | g (allowing us No P benefits for P benefits for bund guilty of | se of or selling r drugs after r guns, ammu Welfare Frau | g EBT | Yes No |
| P S S | 30. 31. 32. | Have you, or any member (federal name for food a lif yes, who? Trafficking Benefits Have you, or any member others) SNAP benefits of lif yes, who? Trading Benefits for Dentave you or any member 22, 1996? If yes, who? Trading Benefits for Fire Have you or any member 22, 1996? If yes, who? Fraud Have you or anyone in yell yes, who? Where? Non-Cooperation/Sand Have you or anyone in yell yes, who? | rugs er of your household, ever of \$500 or more after Septe rugs er of your household been Yes No irearms or Explosives er of your household been 96? Yes No | been convember 22, 1 found guilty found guilty ash aid sto Yes Man | cted of traffickin 996? Yes of trading SNA of trading SNA pped for being for When? | g (allowing us I No P benefits for bund guilty of cooperate v | se of or selling r drugs after r guns, ammu | g EBT | or explosives Yes INO |

SAWS 2 PLUS (4/15)

rage 1 of 1

| | 35 \$ | Fleeing Felon Are you or any member of your household hiding or running from the law to avoid pros going to jail for a felony crime or attempted felony crime? Yes You | ecution, being taken into custody, or |
|----|-------------------|--|---|
| | | If yes, who? | |
| | 36. \$ | Probation/Parole Violation Have you or any member of your household been found by a court of law to be in violation of probation or parole? Yes No | |
| | | If yes, who? | |
| 1 | \$ ^{37.} | Other Special Needs Does the household want to apply for a special need payment for housing or essential had to sudden and/or unusual circumstances, such as a fire, earthquake, or flood? | nousehold items lost or damaged Yes No |
| | 38. \$ | Other Services The following services are available. Your answers to the questions will not affect your e | eligibility. |
| A. | Regu | ar check-ups to help protect your forcible by | |
| | Preve | ar check-ups to help protect your family's health are available upon request through the ntion Program (CHDP) for eligible members of your family under age 21. | Child Health and Disability |
| | • 0 | o you want more information about CUDD | |
| | | 9 9 Walti Child Medical Services? | Yes No |
| | • D | you want CHDP dental services? | Yes No |
| | | you need help making appointments or with transportation to CHDP services? | Yes No |
| В. | Do you | want more information about immunization services? | |
| C. | | | Yes No |
| | Do you | re pregnant, you can get help finding a doctor, getting healthy foods and other help. want to talk to someone about this help? | |
| D | | | ☐ Yes ☑ No |
| D. | Are you | breastfeeding a child? | |
| | If you of | nave you given birth within the last 12 months? | Yes No |
| | Special | necked yes to 38 C or D, you may be eligible for services provided by the | |
| | | Supplemental Food Program for Women, Infants and Children (WIC). | . = , |
| Ξ. | If yes, ca | or any family member want free or low-cost family planning services to help plan revent unwanted pregnancies and/or have the next child? all your health care plan or regular doctor. Or, for facts and the location of tial family-planning clinics, call toll-free 1-800-942-1054. | ☐ Yes ☑ No |
| | 39. Th | ird Party Liability | |
| | iavv | nyone who is applying for healthcare involved in a worker's compensation claim, suit, or settlement because of an accident or injury? | ☐ Yes ⊅No |
| | | | |

Additional Writing Space